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APPLICANTS

John Lezdey, Indian Rocks Beach, FL;
 K. Anne Kronis, Tampa, FL;
 Darren Lezdey, Indian Rocks Beach, FL;

**** CONTINUING DATA *******

This application is a CIP of 09/981,073 10/16/2001 ABN which is a CIP of 09/526,401 03/15/2000 ABN

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ****
**** 12/22/2003**

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY FL	SHEETS DRAWING 2	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

JOHN LEZDEY & ASSOCIATES
 Suite 118
 2401 West Bay Drive
 Largo, FL33770

TITLE

DNA FOR EXPRESSION OF ALPHA 1-ANTITRYPSIN IN METHYLOTROPIC YEAST

FILING FEE RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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